

**Student ID: 31403962**

**Last Name:** Carstairs  
**First name:** Daniel  
**Street:** 7 Mayfield Road  
  
**City:** Bromley  
**State Code:** 3UK  
**Postal Code:** BR1 2HB  
**Phone (Cell):** +447557957051  
**Phone (Other):** +442083250729  
**Email:**

**Payment Code:** B - Semester Payment Option: 1 payment for each semester.  
The payment due dates are 8/10 for the fall semester and  
12/10 for the spring semester.

**Title IV Authorization:** Yes, I authorize  
**Electronic Signature 111:** Daniel Carstairs  
**Financial Responsibility Agreement:** 2018-07-13 14:34:53

**Electronic Signature:** Daniel Carstairs  
**Payment Authorization Submitted:** 2018-07-13 14:39:04

**Student Financial Responsibility**

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**Payment Of Fees/Promise To Pay:** I understand and agree that by registering as a student at UNIVERSITY OF ROCHESTER and/or receiving any services from UNIVERSITY OF ROCHESTER I accept full responsibility to pay all tuition, fees, and other associated charges assessed as a result of my registration and/or receipt of services. I understand this agreement will remain in effect during the time I attend the University. I understand and agree that if I drop or withdraw from some or all of the classes for which I register, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund schedule for UNIVERSITY OF ROCHESTER available in effect, at <http://www.rochester.edu/adminfinance/bursar/refund-schedules.html>. I further understand that my failure to attend class or receive a bill does not absolve me of my financial responsibility as described above.

**Delinquent Account/Collection**

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**Financial Hold:** I understand and agree that if I fail to pay my student account bill or any monies due and owing UNIVERSITY OF ROCHESTER by the scheduled due date, the UNIVERSITY OF ROCHESTER will place a financial hold on my student account, preventing me from registering for future classes, requesting transcripts, securing on-campus housing, and/or receiving my diploma.

**Late Fee:** I understand and agree that if I fail to pay my student account bill or any monies owed to the University of Rochester by the scheduled due date, the University of Rochester will assess late fees at the rate of 1% per month on the past due portion of my student account until my past due account is paid in full.

**Returned Payment Fee:** If a payment made to my student account is returned by the bank for any reason, I agree to repay the original amount of the payment plus a returned payment fee of \$25. I understand that multiple returned payments and/or failure to comply with the terms of any payment plan or agreement I sign with University of Rochester may result in cancellation of my classes and/or suspension of my eligibility to register for future classes at University of Rochester.

**Collection Agency Fees:** I understand and agree that should my student account not be kept current in accordance with this Agreement, any past due amount will be considered an unpaid educational loan/benefit.

I acknowledge the University's right to begin collection action should my student account remain unpaid at the time I leave the University. I understand that I am obligated to reimburse the University the fees of any collection agency, which may be based on a percentage at a maximum of 33 1/3 percent of the debt, as well as all costs and expenses, including reasonable attorney's fees, incurred in such collection efforts.

Credit Bureau Reporting (Fair Credit Reporting Act) – The University reserves the right to report both positive and negative payment histories to credit-reporting agencies. I authorize the University, and their respective agents and contractors, to obtain a credit report on me at any time in the future to review my account.

#### **Communication**

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**Contact:** I authorize the UNIVERSITY OF ROCHESTER and its agents and contractors to contact me using my current directory or future contact information, including any cellular phone number(s), email address(es), or wireless device(s), regarding my student account(s) and/or my student loan(s). I authorize the UNIVERSITY OF ROCHESTER and its agents and contractors to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their efforts to contact me. Furthermore, I understand that I may withdraw my consent to call my cellular phone by submitting my request in writing to the UNIVERSITY OF ROCHESTER Bursar's Office and in writing to the applicable contractor or agent contacting me on behalf of the UNIVERSITY OF ROCHESTER.

**Updating Contact Information:** I understand and agree that I am responsible for keeping my UNIVERSITY OF ROCHESTER records up to date with my current physical address(es), email address(es), and phone number(s). Upon leaving the UNIVERSITY OF ROCHESTER for any reason, it is my responsibility to provide the UNIVERSITY OF ROCHESTER Bursar's Office with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to the UNIVERSITY OF ROCHESTER and for the purpose of IRS 1098-T reporting.

#### **Method Of Billing**

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I understand that the UNIVERSITY OF ROCHESTER uses electronic billing (e-bill) as its official billing method, and therefore I am responsible for viewing and paying my student account e-bill by the scheduled due date. I further understand that failure to review my e-bill does not constitute a valid reason for not paying my bill on time. E-bill information is accessible via my Blackboard portal.

#### **Billing Errors**

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I understand that administrative, clerical and/or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed as a result of my registration at the University of Rochester.

#### **Student Age**

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I understand and agree that if I am younger than the applicable age of majority when I execute this agreement that the educational services provided by the UNIVERSITY OF ROCHESTER are a necessity, and I am contractually obligated pursuant to the "doctrine of necessities."

#### **Governing Law**

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The provisions of this agreement are governed by the laws of the State of New York. I acknowledge that I have read and understand the terms appearing in the agreement.

## Student Financial Responsibility

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